

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596359

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1					51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	80		+	+			71						
22			1				72						
23			1				73						
24							74						
25					1		75						
26					1		76						
27					1		77						
28					1		78						
29					1		79						
30					1		80						
31					1		81						
32					1		82						
33					1		83						
34					1		84						
35					1		85						
36					1		86						
37					1		87						
38					1		88						
39					1		89						
40					1		90						
41					1		91						
42					1		92						
43					1		93						
44					1		94						
45					1		95						
46					1		96						
47					1		97						
48					1		98						
49					1		99						
50					1		100						
TOTAL IND.			1		1								
TOTAL DEP.		1	1	1	1								
TOTAL CLAIMS		1	1	1	1								